



Theravance

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From: Shelley Eberle, Reg. No. 31,411
Patent Department
Theravance, Inc.
Telephone: 650 808-4010
Fax:
Date: June 17, 2005
of pages: 42 (including this page)

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Attached is an Amendment Under 37 C.F.R. §1.111 for U. S. Application No. 09/732,241.

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/732,241
	Filing Date	December 7, 2000
	First Named Inventor	Mathai MAMMEN
	Art Unit	1825
	Examiner Name	Raymond K. Covington
Total Number of Pages in This Submission	Attorney Docket Number	P-095-US1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Attached are the following: Amendment Under 37 C.F.R. §1.111 (37 pages); Copy of PTO/SB/08a (Form 1449) – 1 page; Fee Transmittal for FY 2005 (1 page) and a duplicate copy; Facsimile Cover Sheet (1 page)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Theravance, Inc.		
Signature	<i>Shelley Eberle</i>		
Printed Name	Shelley Eberle		
Date	June 17, 2005	Reg. No.	31,411

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being transmitted on the date shown below via facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at facsimile number (703) 872-9306.			
Signature	<i>Barbara Bryant</i>		
Typed or printed name	Barbara Bryant	Date	June 17, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
FEE TRANSMITTAL for FY 2005		Application Number	09/732,241
		Filing Date	December 7, 2000
		First Named Inventor	Mathai MAMMEN
		Examiner Name	Raymond K. Covington
		Art Unit	1625
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	P-095-US1
TOTAL AMOUNT OF PAYMENT (\$) 0			

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
☒ Deposit Account Deposit Account Number: 50-0344 Deposit Account Name: Theravance, Inc.
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
 Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
45	-52 or HP= 0	x 50 = 0
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
3	- 3 or HP= 0	x 200 = 0
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
	Fee (\$)	Fee Paid (\$)
	360	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<i>Shelley Ebersole</i>	Registration No. (Attorney/Agent)	31,411	Telephone	(650) 808-4010
Name (Print/Type)	Shelley Ebersole	Date	June 17, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 0

Complete if Known

Application Number	09/732,241
Filing Date	December 7, 2000
First Named Inventor	Mathal MAMMEN
Examiner Name	Raymond K. Covington
Art Unit	1825
Attorney Docket No.	P-095-US1

COPY**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :☒ Deposit Account Deposit Account Number: 50-0344

Deposit Account Name: Theravance, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
45	-52 or HP= 0	x 50 =	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP= 0	x 200 =	0

HP = highest number of independent claims paid for, if greater than 3.

Small Entity

Fee (\$)

50

200

360

Multiple Dependent Claims

Fee (\$)

360

Fee Paid (\$)

0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) :

Fees Paid (\$)

SUBMITTED BY

Signature	<i>Shelley Ebele</i>	Registration No. (Attorney/Agent)	31,411	Telephone	(650) 808-4010
Name (Print/Type)	Shelley Ebele	Date	June 17, 2005		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application No. 09/732,241
Amendment Under 37 C.F.R. § 1.111 dated June 17, 2005
Reply to Office Action of May 23, 2005

PATENT
Attorney Docket No. P-095-US1
Customer No. 27038

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By:

Barbara Brvant

Dated

the date shown below:
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re Patent Application of
Mathai MAMMEN et al.**

Confirmation No.: 9496

Application No.: 09/732,241

Group Art Unit: 1625

Filed: December 7, 2000

Examiner: Raymond K. Covington

For: THERAPEUTIC CARBAMATES

AMENDMENT UNDER 37 C. F. R. §1.111

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Sir:

I. INTRODUCTORY REMARKS

This is in response to the Office Action mailed May 23, 2005. As this response is being filed within the three-month shortened statutory period set for response, no extension of time is necessary. Applicants respectfully request entry of the following amendments and reconsideration of the application in light of the following amendments and remarks.

Amendments to the Specification begin on page 2 of this document.

Amendments to the Claims are reflected in the listing of the claims which begins on page 6 of this document.

Remarks begin on page 23 of this document.